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oz. i, and distilled water oz. ii were given subcutaneously every two hours to relieve pain.

The following day showed rapid improvement. A neuritis of the left sciatic nerve was present, which disappeared entirely on the twenty-first day. His convalescence was rapid and the patient was allowed out of bed on the twenty-fifth day. His condition at the writing of this paper is normal.

Seven chloroform anæsthetics were administered. Antitetanic serum was given as follows:

<i>Subcutaneous.</i>	<i>Intraspinal.</i>
3-21-12..... 4,500 units	1,500 units
3-22-12..... 9,000 units	6,000 units
3-23-12.....12,000 units	3,000 units
3-24-12.....18,000 units	3,000 units
3-25-12.....15,000 units	6,000 units
3-26-12.....17,000 units	5,000 units
3-27-12.....20,000 units	5,000 units
3-28-12..... 7,500 units	
3-29-12..... 6,000 units	
3-31-12..... 3,000 units	
4- 1-12..... 3,000 units	

Making a total of 144,500 units.

THE LITTLE SICK GIRL AND THE BROWN-EYED DOLL

BY GRACE V. BRADLEY

General Hospital, Omaha

“SOMETHING is going to happen to-day,” said the brown-eyed doll on the shelf. “I feel it in my saw-dust bones.” The doll had been on the shelf for some time. Even before Christmas she smiled upon the busy shoppers, as if beseeching one to purchase her, for the brown-eyed doll wanted a home. Why, she had no clothes, save a pair of blue stockings and slippers, and she longed for a little mother. Yet no one had bought her. Any number of people had looked at her, but had put her aside and selected one of her rivals on the shelf. And why? Because the brown-eyed dolly had a misfortune; she was born with one arm a little shorter than the other. She did not mind for she had never known differently, but as time went on she put two and two together, remembered that shoppers always noticed her deformity, and began to wonder if she must spend all her life in that store. And then one morning she announced her presentiment, “Something will happen to-day, I feel it in my saw-dust bones.”

In another part of the city a little girl lay in a hospital. The day before, her father had brought her from away out in the state, with her right arm so badly broken and infected that the big, kind surgeon, who had little girls of his own, had to amputate it. Now this made the little girl's father very sad and restless. So while the small patient lay in her bed after the operation, sleeping away the anæsthetic, he scarcely knew what to do. He wandered down town, in and out of the stores. Presently he found himself in a toy department, and the thought came to him that of course his little sick daughter would like a doll. Brown-eyed doll saw him and he saw her pretty brown eyes and fluffy hair, and without further examination he purchased her. The "something" had happened, she thought, when she was placed within a box. But when she found herself hugged by a little sick girl, cuddled in the arm, the one arm, of the poor little sick girl she *knew* the "something" had happened, and she was happy. And this is what the little sick girl whispered to the brown-eyed doll: "You dear, dear baby, I love you," for girlie and doll could sympathize with each other.

SOME NURSING POINTS IN THE BACTERIOLOGY OF TYPHOID FEVER

By F. R. CRAWFORD, M.D.

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TYPHOID fever as a disease to be treated and nursed possesses many features that render it particularly fascinating. From the stand-point of the nurse this is very true. The patient is ill, in the first place. He is utterly helpless in her hands. He is suffering from an acute disease from which he is apt to die unless he receives the proper treatment, yet from a disease the mortality of which is relatively low when the proper care is exercised. He is suffering from a disease which will render him sick for weeks and will leave him much weakened, yet much can be done to offset this by the proper regulation of the diet, in which she can greatly aid the physician. He is suffering from an acute disease and if he recovers he may expect to be as well as formerly, thus the depressing element which is ever present in the nursing of the chronically-ill is done away with. Then in addition to this there is the constant watchfulness that must ever be practised on the part of the nurse, for it is on her powers of observation that the physician must rely chiefly for the early recognition of those grave and not infrequent accidents, hemorrhage and perforation. The combination of these elements makes the nursing of the typhoid patient interesting above that of the great majority of cases.